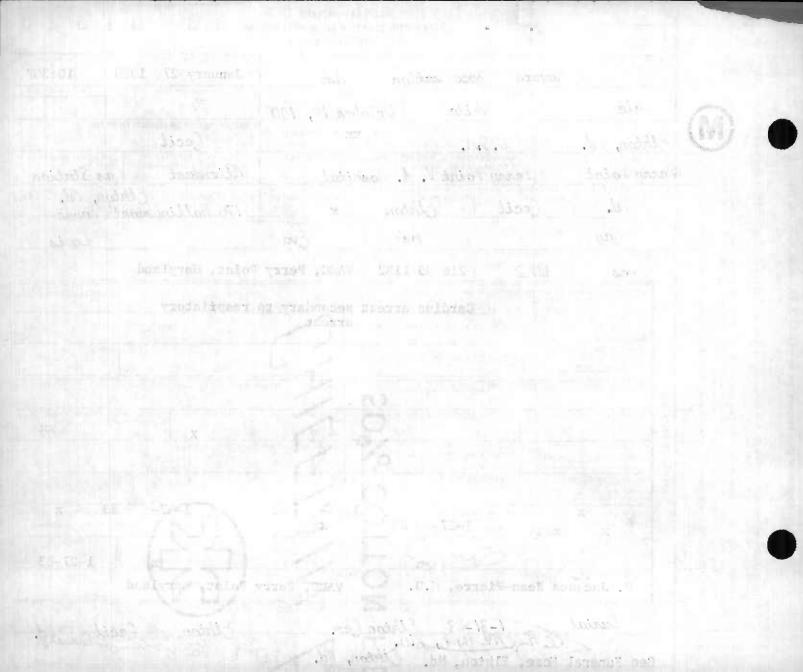
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	1 -	FOR STATE REGISTRAR	5.	4	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ENE 8 3	0	1 6	20
		EASED NAME OR PRINT)	FIRST		MIDDLE		(AST		MONTH DAT	_	2b HOUR
2/	CEN		Howa		oux Brati		Ash	January 2		UNDER I YEAR	10:30P M
7		Male		RACE W	rite	S. DATE O	ober 19. 1908	74	YRS.	NIHS DAYS	HOURS MIN.
) 70	an Co	ethplace (state or from the country) Rton, Md.	DREIGN 7	U.S.	what country A_{ullet}	8. MARRIE WIDOWI	DEVER MARRIED DIVORCED	9. BALTIMORE CITY O		FDEATH	MD
	_	ry Point	TH 1	O (IF NOT IN SUS	H FACILITY, GIVE STREE		or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	EWORKING LIFE)	JNDUSTRY.	tation
	30. S	L RESIDENCE (IF NURSI	13b. COUNT	THER INSTITUTION	13c. CITY OR TOY	RE ADMISSION) NN Pton	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	Elk	eton,	M. 219Z
10 IN	I. FA	THER'S NAME	M	IDDLE	LAST A	sh	15. MOTHER'S MAIDEN NAM	NE MIDDLE	7	7	ewis
le l		AS DECEASED EVER I		ED FORCES?	16b. SOCIAL SEC 216 05		VAMC, Perry	Point, Mary			
njury, or other troumo	NO	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	ediote g the lost.	(b) DUE TO, O	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	JENCE OF	ATTEST	NAL DISEASE OR CONI	DITION GIVEN	IN PART 1	ī a
Auo smou	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	WERE FINDS	NGS USED S OF DEATH?
- /	_	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH			AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I I OR PART 2)	
rked or I	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR		210. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is ma		220 I certify that 20 saw the decease above 21 (we) (d				83。	11-4- , 19 82 nd that in (2000) apinion d	_, 10	, , ,		
AT: #		276-SIGNATURE	2	00	Mos) _		MEDICAL STAF	F IAN *		-27-83
IMPORTANT: IF		P. Jacqu			rre, M.D		VAMC, Perry		ryland		
_ [(URIAL, CREMATION, I SPECIFY) BURIAL NERAL DIRECTOR	REMOVAL	ZIL DATE	783	Lkton	EMETERY OR CREMATORY Lem	23d. LOCATION CITY OF TOWN REC'D BY REGISTRARI	2 GRECIS R	COUNTY	STATE
4/B2		See Funera	Hame	FIRE	on. Md.	Ettet	MI TE	4000	john	-0-0	that y



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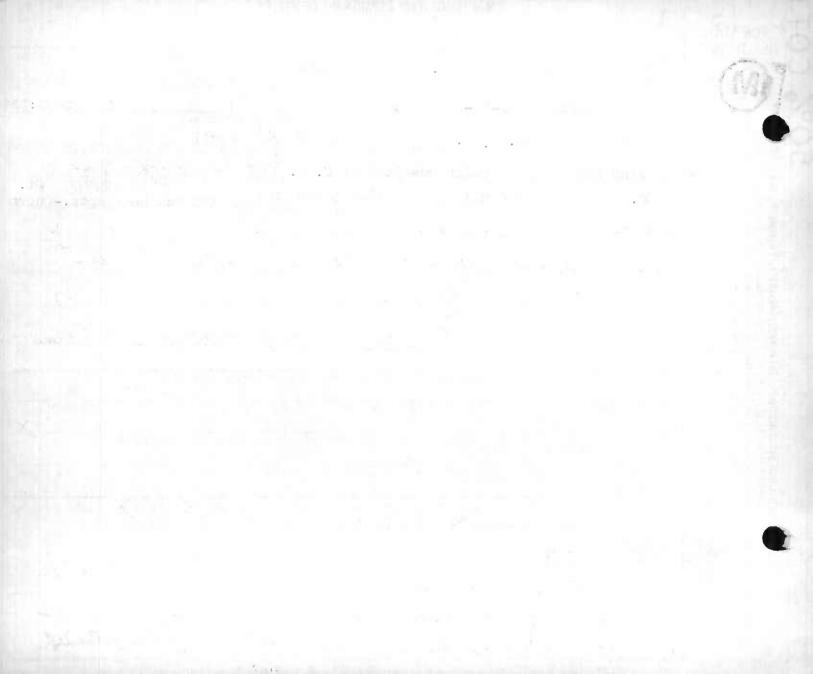
(VRA 15. 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BARRED FUNDS STORE FORCE TRANSPORT Little Marin source time, source Particular 1 Brigging The Mile The State of the State of

1		MARYLAND STAT	E DEPARTMENT OF HEALTH	8 3 1	1 1 6 2	2
STATE TH DEPT.		MEDICAL EXAMINE	R'S CERTIFICATE OF DEAT	TH		
TH DEFI.	1. DECEASED-NAME Firs (Type or Print) Geo	middle W.	Lost Cameron	20. DATE KNOWN MC OF ESTI- DEATH MATED	onth Doy Yeor	2b. HOUR
Health San	3. SEX 4. RACE	S. DATE OF BIRTH 6. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HE birthday) MONTHS DAYS HOURS N			2d. HOUR
224	M White To. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	21 1983	2:25
2	country) mP	_ U. S A.	WIDOWED DIVORCED	Cecil		Md.
e Bearta	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress) Union Hosp	during mo	L OCCUPATION (Kind of work do st of working life, even if retire	d) INDUSTRY _	NESS OR
The State		sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS Rising Sunyes No [? 13e. STREET AND NUMBER	2/9// nev Apts0	St.
をん	14. FATHER'S NAME First	Middle Lost CAMERON	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost	
buo I sa	(Yes, no, or unknown) (If yes give		O. 17. INFORMANT	ADDRESS MA	WILSON	7
snowing be forwarded to frie Chief Medical Examiner's Utfice along with form revised as a burial-transit permit. File pages 1 and 2 with the State Depart, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (o) (b), and (c).	& MT		APPROXIMATE I BETWEEN ONSET A	
burial-transit permit. Fi t within 72 haurs after	rise to immediate couse (o), stating the underlying couse last.	(b) DUE TO, OR AS A CONSEQUENCE OF (c) OTTIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONE	OCCUPATION GIVEN IN PART 1(a)	10 yell	
used as o burial-tra any event within 7	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR W WAS PERFORMED?	HICH OPERATION	The state of the s	2D. AUTOPSY?	NO 128
should be used val, and in any	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e	21b. TIME OF INJURY Month, Doy, Yeol HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter r	noture of injury in Part 1 or Port	2, Item 1B.)	
3 sho		PLACE OF INJURY (At home, form, street, ctory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote
rne funeral directar, ned for your files. ERAL DIRECTOR: Po buriol, cremation, ar	220. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAM M.D. ASSISTANT MEDICAL DEPUTY MEDICAL EX ADDRESS(Street, city CEMETERY OR CREMATORY	EXAMINER 22b. C AMINER , town, or county)	DATE SIGNED (County) (Sto	ote)
VR A15ME (5) 8M-1/70	24. FUNERAL DIRECTOR of LEASE	ADDRE	TTINHAM SRISING 250 RECD BY SCHMODAN AND		ARS SIGNATURE	



HOME for FUNERALS. ELKTON, MD. 21921

FOR

(VRA 15, 4)

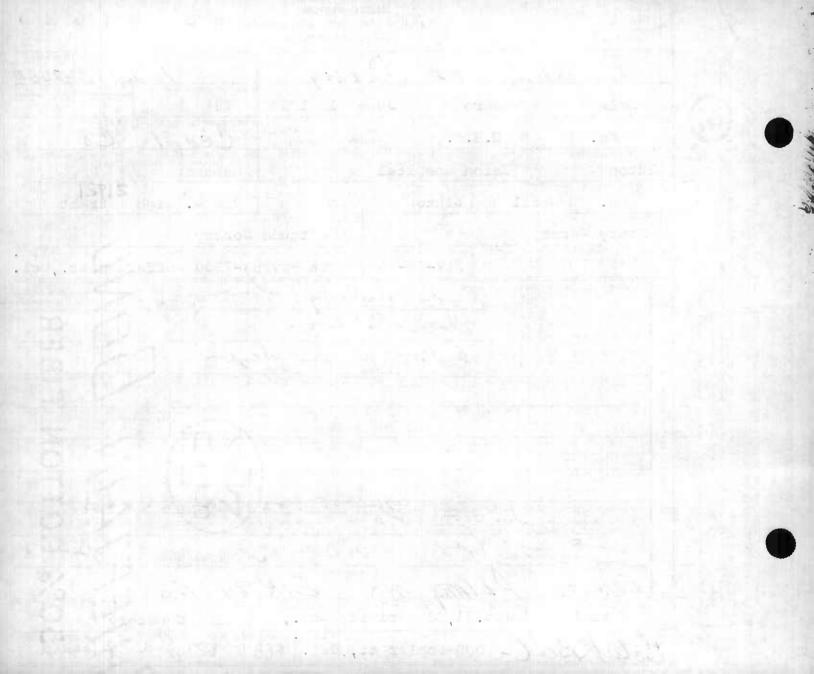
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	FOR STATE REGISTRAR			DEPARTĄ	MENT OF I	E OF MARYLA HEALTH AND M FICATE OF D	ENTAL HYG	IENE 8 3	0	1 6	2 /
		CEASED NAME OR PRINT)	SALVA		MIDDLE		RTITTA	Jr.	20. DATE OF DEATH Januar	_	1983	26 HOUR 8:45am
)	3. SE.	Male		White		5. DATE	of BIRTH	1911	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
33		RTHPLACE (STATE ORF	OREIGN 7	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER M	ARRIED A	9. BALTIMORE CITY OF	R COUNTY	OF DEATH	MD.
23	P	erry Point	,Md	VA Med	HOSPITAL, NURSIN HEACILITY GIVE STREET CAT CEN		OR OTHER INSTI	TUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Salesman			Co.
35	Ma	AL RESIDENCE (IF NURS) STATE ryland	IN COUNT	I PER INSTITUTION,	Baltimor			NO 🗆	3805 Yola	ndo R	oad	21218
0		alvatore	Μ	F	ertitta,	Sr.		maiden na/	MIDDLE		DiPieti	
medico	16a V	VAS DECEASED EVER YES NO OR UNKNOWN) Yes	IN U.S. ARM	NED FORCES? WAR OR DATES)	21 3-01 -		C. Vin		ertitta 380		ando Ro	ad
injury, or other troumotic eveni		PART I. DEATH W 4 10 0 Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which mediate g the	DUE TO, O	A cute R AS A CONSEQUE R AS A CONSEQUE	NCE OF	ardial	infarc	tion			
ovs ony injury, o	CERTIFICATION	PART 2 OTHER SIGN			ONTRIBUTING TO D				200 AUTOPSY? YES NO X	20b. IF YES	, WERE FINDIF	NGS USED
If Item 21 is marked or Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DEAT (AL EXAMINER) (ED)	P 210. PLACE	M. MONTH DA	19	21c. HOW IN J		RED (ENTER NATURE OF INJUR		COUNTY	STATE
VT: If Item 21 is mo		220. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					DEGREE AT	ITENDING HYSICIAN [MEDICAL STAF	te and hour	and from the	
MPORTANT		JOSEPH JOSEPH	1	3			22e ADDRESS		ry Point, M	d.		

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL **Burial**

24. FUNERAL DIRECTOR

23b. DATE Jan. 10, 1983

Ruck Funeral Home, Baltimore, Md.

236 NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION Baltimore

Maryl and

January 7, 1983 8:45am	ers attit		SALVATORE	
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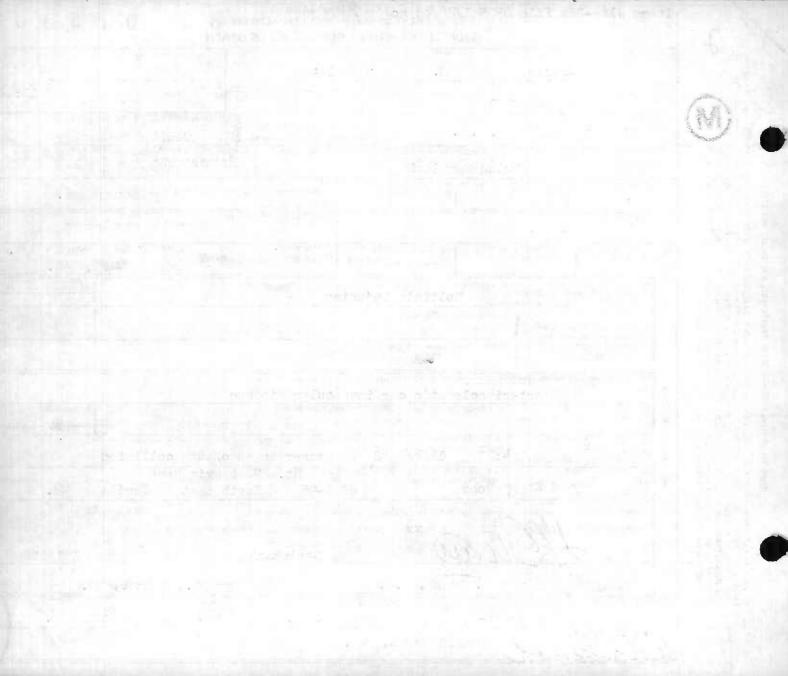
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*	١,	FOR - STATE		DEPARTA	AENT OF HI	ALTH AND MENTAL HYG	IENE 8 3	0	1 6	2 5
)	Ι.	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.		
1	1. D	CEASED NAME FIR	IST	WIDDIE	LA	ST	2a DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(RA)		MARY		BULL	GR	OFF	January	12, 198	3	11:35p
(LAST)	3. 51	X	4. RACE	and the same	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
8 8 6	1	Female	Whit	e	Janua	ry 21, 1900	82	YRS	DATS	HOURS MIN
2 20	70 E	IRTHPLACE (STATE OR FOREK	76 CITIZEN	OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	CAT IN
the state of	1	Mary land		USA	WIDOWE	DIVORCED	Cecil			М
The second	10 C	ising Sun	11. NAME (IF NOT II	OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET VETT MANOR	ADDRESS)		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Teacher		126. KIND O INDUSTRY	F BUSINESS O
9 4 47/	USU	STATE THE NURSING H	OME OR OTHER INSTITU	TION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		P	9990
2 11 2	1		Chester	West Gro		YES NO TE	R.D. # 1	19	390	
主 就 分	34. F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
1 11 15	1	Kent	M .	Bull		Mary	MIDDLE		Pol	lock
8-18-2		WAS DECEASED EVER IN U	S. ARMED FORCE	S? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		390
11(15		(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATE	210-30-5	246B	Mr. Francis I	.W. Groff.	R.D. #		
95 4	-	18 CAUSE OF DEATH (E)				III • II GIIO I	or o	IC+D+ H		MATE INTERVAL
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to the state of th		Conditions, if any, wh		A 50. V	100				To	-
4114		cause (a), stating		O, OR AS A CONSEQUE					-	
d by			(c						gen	
en plen plen plen plen plen plen plen pl	z	PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO E	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10)
en si or to y inju	5	secrece 1		CUA				1		
e prior	CERTIFICATION	190. DATE OF OPERATION	196. CC	NDITION FOR WHICH	OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	VERE FINDIN NG CAUSES	OF DEATH?
o d d d d d d d d d d d d d d d d d d d						1903 - 1-17%	YES NO	YES [NO 🗌
errificate h iol-tronsit protal Hygier		210. ACCIDENT WAS UNDERLY		AE OF INJURY R. A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
ding prise certification of them	18	(IF EITHER NOTIFY MEDICAL EX		P.M.	19	THE REAL PROPERTY.				
d w	MEDICAL	21d. INJURY OCCURRED		ACE OF INJURY	APM FIC)	211. LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
ter 1 s th non rkec	2	AT WORK AT WORK				- 1				
Se os eolth mark		22a. I certify that (I) (this	hospital) ottende	d the deceased from_			, to	, 19.		that (1) (we) la
for us of He 21 is		sow the deceased of above, (I) (we) (did) (ive on	19	, an	d that in (my) (aur) opinion	death accurred on the d	ate and haur a	nd fram the	couses stated
DIREC oched Dept. f hem		226. SIGNATURE	ala norr view me o	lody differ deom.		EGREE			22c. DATE	SIGNED
	1					ATTENDING PHYSICIAN N	MEDICAL STA		1-14	-83
ERAL Stote	1	22d. PHYSICIAN'S NAME	(THE SHEAR)	<u> </u>		220 ADDRESS	J DIRECTOR LI PHISE	CIAN []		
should be deriventh the Stote		Guy T Ho	Yeamha	T∞		57 N. Fourt	h St Over	nd Da	102	63
TO FUNERAL should be de- with the Stote	-	Guy T. Ho	-					rd, ra	• 193	03
1	230.	BURIAL, CREMATION, REM				METERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
<u> </u>	-	Burial	1-17	-83 N€	W Lon	don Presbyter	ian Cemete	ry New	Londo	n, Pa.
- 16 50M 4/82	24	UNEDAL DIRECTOR	5 76	BA / ADDRESS		11	NA 1 9 1083	2 6 REGISTRA	R'S SIGNAT	
RA 15, 4)	1	IICKS HOME FO	FUNERA	LS, ELKTON,	MD.	21921	HA 1 0 1909	1	0	may

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F ANDS 3. RETAIN SHOULD VI RECORD	30. ST	Ma.	FIN NURSING HOME O	r other institution, giv E11		efore admission		13d. INSIDE CIT	X_XON							1901
S PW	14 FAT	HER'S NAME	Tames A	. MDTErwin	L	AST		15. MOTHER FIR	R'S MAIDE	nname lian	May	you Al	exan	der	LAST	
WITH FORM T. PAGES 1 DIVISION OF	(YES	S DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		-14-3		Susai		milt			Shad h Ea			Rd.
O'OUD BE EXECUTED WITHIN 24 HOUS PENDING" IN PENCIL IN ITEM 18. HIFF MEDICAL EXAMINER ALIONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.		8/2 Canditions gove rise couse (o) s lying cause	s, if ony, which to immediate stating the <u>under-</u> e lost.	CONTRIBUTING TO OBATH B	AS A CONS	EQUENCE C	DF DF NAL DISEASE	OR CONDITION								
	IIFICATI	90 DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFORM	AED?						UTOPSY	NO 🗆
PARAMETER OF THE CHIEF STATE OF HE STATE OF PRIOR TO BURIAL, 21201 PRIOR TO BURIAL,	CALC	INDERLYING	G CAUSE OF D	21b. TIME OF HOUR A.M. DEATH 1:25 P.M. 21e PLACE O	WONTH/	BAY YEAR	Pas	senge	r in	auto	/aut	o col	lisio	PART 2)		
ORWARDED TO THE CORWARDED TO THE CARE PAGE 3 SHOULD BE THE STATE DEPARTMENT AU, 21201 PRICK TO BU	ME		NOT WHILE AT WORK		ORY, FARM, ETC		5	I-95			East	Ramp	Cecil	COUNTY	Md.	STATE
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, SAME STATE		22a. I certify death resulted ACTUAL BIGNATURE	1/	e of the remoins descools	Accident		Autops	. Homicio		Undete	Inquiry	anner [and in my], DAT SIGI	E 1	L/8/8	3
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIMO		XAMINER'S N	IAME HO	ormez R. G		M.D.		ADDRESS					lto.,	Md.		
522	SPE	Buria	al	1-11-93		rth E		Meth		Nor	th.	East	Ce	Cil		ATE.
- 17	L	ERAL DIRECT	10	Abor	th E	ast,	Md.	2:	DATE R	1 2	1983	AR TORRE	GISTRAP	SICHAL	ill f	Same.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO LAST 2n DATE OF DEATH DECEASED NAME 26. HOUR TYPE OR PRINTS LINCOLN HELSEI. 14, 1983 E. **JANUARY** 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX MARCH 3, 1909 Male White 73 To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Cec il Pennsylvania USA WIDOWED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Union Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY E1kton Security Guard Thickol Corp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 94 Hollingsworth Manor Maryland Cec il E1kton YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST George Weakland Helsel Marv M. A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 164 SOCIAL SECURITY NO 17 INFORMANT Md. 21921 I (IF YES, GIVE WAR OR DATES) 163-12-8251 Mrs. Hazel M. Helsel, P.O. Box 961. Elkton. Yes 928-31 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS P.M 19 21f LOCATION 71d INJURY OCCURRED 71a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decreased from saw the deceased alive an, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED

DEGREE

22e ADDRESS

ATTENDING

22d PHYSICIAN'S NAME (TYPE OF PRINT) Phillip Pollner. M.D.

131 W. Main Street, Elkton, Md. 21921

CITY OR TOWN

230. BURIAL, CREMATION, REMOVAL 23b. DATE Bur ial 1-17-83 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION

MEDICAL

PHYSICIAN TO DIRECTOR PHYSICIAN

Harford Memorial Gardens, Bel Air, Md. 21014 24 FUNERALDIRECTOR

25a. DATE REC'D. BY REGISTRAR 25

EGISTRAR'S SIGNATURE

1-17-83

DHMH - 16 50M 4/B2 (VRA 15, 4)

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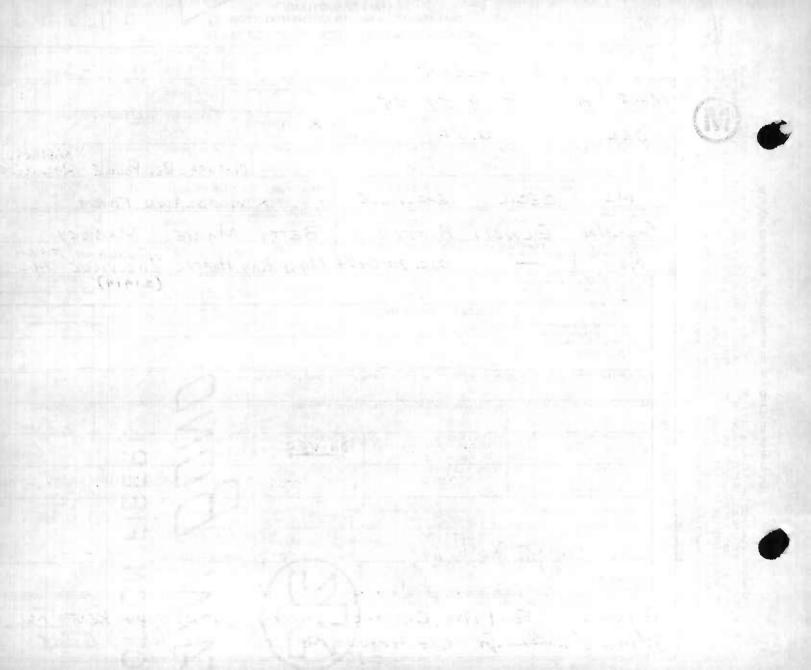
HICKS HOME for FUNERALS, ELKTON, MD. 21921

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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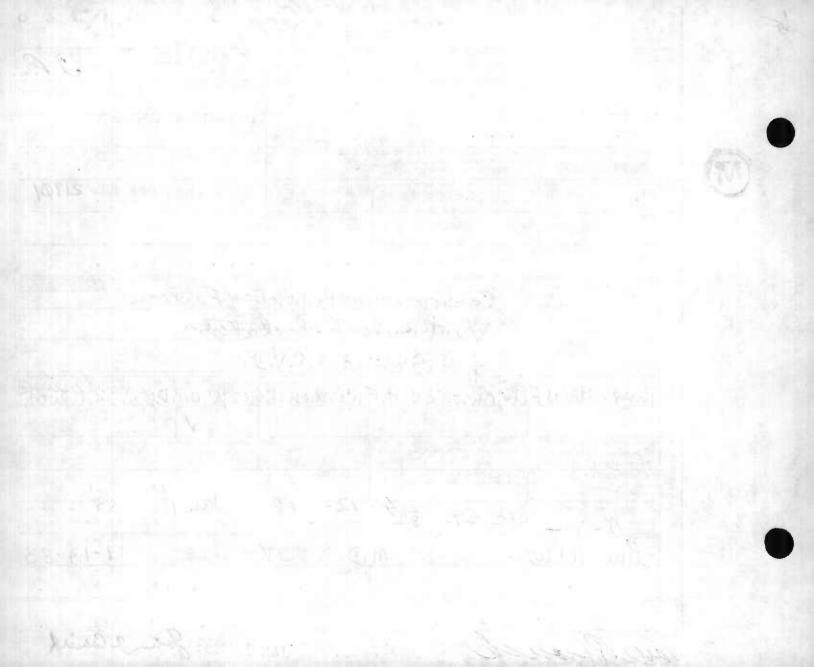
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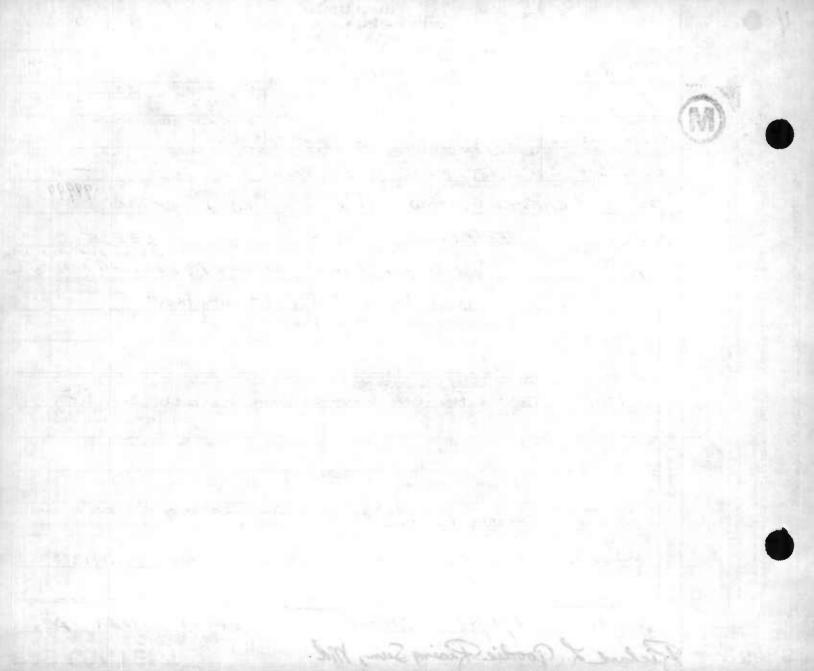
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g physicial onpapers. removal. event, the		18 CAUSE OF DEATH	(Enter only o	one couse per	line for (a), (b), (and (ci.)						APPROXIA	NATE INTER	VAL DEATH
signed by the attendir hen please remove carl to burial, cremotion, ar ijury, or other traumatia	Z	Conditions, if ony, gove rise to imme couse (0), stating underlying couse PART 2. OTHER SIGNII	diate the last	(c)	R AS A CONSEQ R AS A CONSEQ DITRIBUTING TO	UENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN I	PART 110	,	
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ding physician. is certificate has burial-transit per Mental Hygiene or Item 18 shaws		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE C	OF INJURY IN ITEM 1	8 PART I OR	PART 2)		
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(VRA 15, 4) 1/79

Crouch Funeral Home

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page 3		CEASED NAME FRST CORPRINTS Therese	ANDOLE MIDDLE	Nest.	itt	0	anuary24, 190	26. HOUR
rector, pag offer de	3. SE	F. emale	RACE White	5. DATE OF BI	30, 1896	6 AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR MONTHS DAYS	
tuñeral di thun 722	3.5	OUNTRY) Maryland	U.S.A.	MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY O	COUNTY OF DEATH	MD.
by the		Rising Sun	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY ONE STREET)	Stree		120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Clerk	WORKING LIFET INDUSTR	of Business or y gomery's
hin 24 hou should be in should be	13a	Maryland 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 131 CITY OR TOW PCLI RISING	134.	INSIDE CITY LIMITS?	13. STREET ADDRESS	C	Store 21911
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g physician and co onpapers. Pages I emoval event, the medical		VAS DECEASED EVER IN U.S. ARM yes, no or unknown! { IF yes, give to the control of the control o			erbert Monte	TOMOMIT	Pearl Stre	et
n signed by the attendin Then please remove carb ta burial, crematian, ar i injury, or other traumatic	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	PELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART)	110)
re has been sit permit giene prior shaws any ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
entifico ial-tror ntal Hy em 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)	
the and ked	MEDICAL	21d IN JURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		LOCATION	CITY OR TOW	n county	STATE
ched far us Sept of He Hem 21 is		22e I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	view the body after death.	DEGI	ATTENDING PHYSICIAN	death accurred on the do	te and haur and from th	that (1) (we) last the causes stated E SIGNED
should be deta with the State [IMPORTANT: #		22d. PHYSICIAN'S NAME ITYPE OR	Ablana M.D.		200 Bow Stre	eet, Elkton,	Maryland 21	1921
should b	1	BURIAL, CREMATION, REMOVAL SPECEY) Durial		et Node	no ham Cem	23d. LOCATION CITY OR TOWN	county Cecil Manual	STATE
DHMH-16 20M /RA 15, 4) 7/78	24 1	UNITED DIRECTOR DE LA CONTROL	Lesty Parceti	the Ma	ruland FE	B 4 1983	MREGISTRAR'S SIGN	theef

STATE OF MARYLAND

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FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	Thomas	W.	OWI	ENS	January	3, 198	33	1:35 A
1 SEX	4. RAC	E	S. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
111		MACK	6	25- 13	69	YRS		
BIRTHPLACE (STATE	OR FOREIGN 76 CIT	IZEN OF WHAT COUNT	TRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
10 CITY OR TOWN OF	0.	4514	WIDOWE		Ce	011		M
Perry Po	NT (IF	AME OF HOSPITAL, NU NOT IN SUCH FACILITY, GIVE S V. A. Med.	IREET ADDRESS)	Center	12g USUAL OCCUP (TYPE OF WORK FOR MO		LIFE) INDUSTRY	tired
USUAL RESIDENCE (IF)	13b COUNTY CCL	ISTITUTION GIVE RESIDENCE B	TOWN LD 65/F	13d. INSIDE CITY LIMITS?	130. STREET ADDRES	MAIN	Stre	4904 et
14 FATHER'S NAME FIRST	MIDDLE	OLIFA LAST	4/5	15 MOTHER'S MAIDEN N.	AME		^^ ^^	
160 WAS DECEASED EV	ER IN U.S. ARMED FO	ORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADI	DRESS	///	ZON
(YES, NO OR UNKNOWN)	3-1-13/4-	S-4 21809	4932	agnes B	oddy	Sam	. 64	C. Brue
		A make in made in	EQUENCE OF	t - II Dd	221			
gove rise to couse (0), strunderlying co	ofing the Use lost. DU	JE TO, OR AS A CONSE	SCLE TOT	IC Heart Dise		20b. IF YI	IVEN IN PART 111 ES, WERE FINDIN IFYING CAUSES (ES)	NGS USED
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GENTAL STATE OF COME TO STATE OF COME (C), St. Underlying CO PART 2 OTHER S PART 2 OTHER S 19a DATE OF OPE 21d. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC	immediote obting the use lost. IGNIFICANT CONDIT RATION 191 UNDERLYING 211 CAUSE OF DEATH HEDICAL EXAMINER) URRED 21e URRED 21e	JE TO, OR AS A CONSE (C) (ONS CONTRIBUTING (CONDITION FOR WE TIME OF INJURY OUR A.M. MONTH	EQUENCE OF TO DEATH BUT! HICH OPERATION DAY YEAR 19	NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YI IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
GOVER ISSE TO COUSE (01, st. underlying co Underlying Countries Countrie	immediote obting the use fost. IGNIFICANT CONDIT RATION 191 UNDERLYING 216 CAUSE OF DEATH HEDICAL EXAMINER) 216 WORK 2	JE TO, OR AS A CONSE (C) (IONS CONTRIBUTING (IONS CONTRIBUTING	EQUENCE OF TO DEATH BUT II HICH OPERATION DAY YEAR 19 FICE, FARM, ETC.) DOM APPTI	NOT RELATED TO THE TER/ N WAS PERFORMED 216 HOW INJURY OCCUP	200 AUTOPSY? YES NOT RED (ENTER NATURE OF II	20b. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FIND IN IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE
GOVER ISSE TO COUSE (01, st. underlying co Underlying Countries Countrie	immediate obtains the use fast. IGNIFICANT CONDITION RATION 191 UNDERLYING 218 CAUSE OF DEATH HEDICAL EXAMINER) URRED 218 WHILE 4 (I) (**X*hospital) officered of the consection of the c	JE TO, OR AS A CONSE (C) (IONS CONTRIBUTING (IONS CONTRIBUTING	EQUENCE OF TO DEATH BUT! HICH OPERATION DAY YEAR 19 FICE FARM. ETC) Om. April 19 83. one	NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUR 21f LOCATION STREET 15 19 82 d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOW CITY OF IT OF IT YES TO Janua death occurred on the	20b. IF YI IN CERT YOUR IN ITEM 18	ES, WERE FIND IN IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE thot (1) (we) locouses stoted SIGNED

Arnold Beard Funeral Home, Havre de Grace, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physis should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

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- 1	FOR - STATE REGISTRAR	DEPARA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 1 6 4
	ECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
(1)	Jose Jose	eph Blackwel	l Pannill	January 25, 1	1983 3:45P
3. S		4 RALE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Male	White	Sept. 8, 1909	73 YRS	
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	0 11	TY OF DEATH
10	Washington, D		WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	Cecil 120 USUAL OCCUPATION	126, KIND OF BUSINESS C
3	Perry Point	(IF NOT IN SUCH FACILITY, GIVE STREET	VA Hospital	(TYPE OF WORK FOR MOST OF WORKING Salesman	Oil Company
13a	Maryland Wi	OTHER INSTITUTION GIVE RESIDENCE BEFOR	Dury 13d Inside City Limits?	13e STREET ADDRESS Snow Hill Rd	21801 1., P.O. Bx (
A ILI	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
4	Joseph	B. Panni			Carlin
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	TILS. MALL	on B. Paffifill y Point, Md. sam	(wife) ne as #13
ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONSTRUCTION OF AS A CONSEQUENCE OF THE CONSTRUCTION OF THE CONSTRUCTIO	opneumonia	isease and cache	EXIA
CERTIFICATION				YES NO	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	(ATH HOUR A.M. MONTH D P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	(PART 1 OR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE NORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY OFFICE.	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that X (this hosp sow the deceased alive on books are ided XXXIIII	view/the body ofter death.	DEGREE	2 , to 1-25 n deeth occurred on the date and ha	. 19_83, thot \(\text{we} \) (we) lo our and from the couses stated 22c DATE SIGNED 1-25-83
23a	J. R. GARCI	A, M.D.		ry Point, Marylan	
-	Burial	1/28/83 Pa	rsons Cemetery	Salisbury,	
	UNERAL DIRECTOR 11oway Funeral	Snow.ss Director Salisb	LLL NOAU		STRAR'S SIGNATURE

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hing aniel	8 8883 8	MAL	Road Marylan	IIII woni	Tolbe	y Fungral Dis	wallock :

9	- STATE REGISTRAR		ICATE OF DEATH	REG. NO.		
~ 485°	DECEASED NAME AGA		RSON	a DATE OF DEATH MONTH	29/83 415	P. ×
	Female	white 5. DATE (- 20 - 19/1	AGE (IN YEARS LAST BIRTHDAY) YRS.	IF WIDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	-
\$ D 70	NORTH CAROLINA	76 CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWS	D NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH	D
position 10	EIKTON	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCHE ACILITY, GIVE STREET ADDRESS) HOSPITALISM	OF OTHER INSTITUTION	TYPE OF YORK FOR MOST OF WORKING		_
ts US		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? 13	e STREET ADDRESS	Rd. 21921	
O volume	FATHER & NAME WEIST HAM	5. Eller	15. MOTHER'S MAIDEN NAME	To MIDDLE L.	BARKER	
medica 16a	WAS DECEASED EVER IN U.S. AR (YES NO OLYMNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. MI-24-7018	DONALS M. Pel	RSON Northe	AST, Md 21901	,
vent, the	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c) D 8Y: TE CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
motice	4039	DUE TO, OR AS A CONSEQUENCE OF		0		
r other trou	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	2 d dit. 100	uax arrenu	(-	
njuny, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease or condition G	IVEN IN PART 11a	_
8 shows any injur	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO	
EGIA	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDIC MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREFT FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
21 is ma		tal) attended the/deceased from 19 33, or	nd that in (my) (our) apinion dec	th occurred on the date and ha	our and from the causes stated	
them	22h SIGNATURE		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
17	100		T			-
	22d. PHYSICIAN'S NAME (TYPE O	n Wsu.	220 ADDRESS / KTO	on, Md.		
WPORT	22d. PHYSICIAN'S NAME, (TYPE O JULI 111 BURIAL, CREMATION, REMOVAL (SPECIFY) DUNIAL	236 DATE /83 PAUDUR	EMETERY OF CREMAJORY N BAPT: CEM	234 OCCATION LANGENBERG,	Clester, FERNA	=

STATE OF MARYLAND

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(VRA 15, 4)

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Victor . . dagalong, M. J.

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A SHIPPE	3 SEX		4 RACE	5. DATE OF BIR	RTH YEAR	6. AGE (IN YEARS		TYR. IF UNDER		DATE	HTHOM		YEAR 2d HOUR
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- CSEA	USUA		IF IN NURSING HOME (OR OTHER INSTITUTIO	N, GIVE RESIDENCE	BEFORE ADMISSION OR TOWN		INSIDE CITY LIMITS?		T ADDRESS	0 001	7197	I
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WHILE NO	OT WHILE	STREET E	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)			11 Road o	lkton,	Maryland
					Hamicide ,	Undetermined mann	er ,	ATE 1-29-8
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

1	- STATE REGISTRAR			DEPART		FICATE OF DEATH	TUIENE	REG. NO		, , ,	
	CEASED NAME E OR PRINT)	MELVIN		A.		ROHRBACH	20. D	Januar	MONTH	1983	26. HOUR 11:20pg
3. SE	Male		RACE Whi	te	5. DATE (H DAY YEAR		GE (IN YEARS LAST BIRI	HDAY! YRS	MONTHS DAYS	IF UNDER 74 HRS. HOURS MIN.
1	IRTHPLACE (STATE COUNTRY) Pennsylvai	nia	U.S.		MARRIE			Cecil	Coun		MD
P	erry Poin	t, Md.	VA Me	dical Cer	appress)	OR OTHER INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF UNKNOWN	WORKING		F BUSINESS OR
13a. M	AL RESIDENCE (IF N STATE aryland ATHER'S NAME	13b COUNTY	1	13c. CITY OR TOW Perry Po	/N	136. INSIDE CITY LIMITS YES NO 1	V.	A.M.C.,	Perr	y Point,	Md.219
	FIRST	Unknow		LAST		FIRST		nknown		LAS	1
	WAS DECEASED EVIVES, NO OR UNKNOWN) YES	- (IF YES, GIVE W		215-56-2		V.A.M.C.,	Perry	Point,		land	
	Conditions, if or gove rise to i couse (0), sto underlying cou	mmediate ting the	(b)	R AS A CONSEQUE Rupture	to De	heart dial infarc	tion				
NOI	PART 2 OTHER SI	GNIFICANT COI	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TI	ERMINAL	DISEASE OR CONE	ITION GI	IVEN IN PART 110)
CERTIFICATION	19a. DATE OF OPER	RATION	19h CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		S NO	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	GS USED OF DEATH? NO
MEDICAL CE	210. ACCIDENT WAS LO OR CONTRIBUTING (IF EITHER NOTIFY M	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (E	enter nature of injur	Y IN ITEM IB	PART 1 OR PART 2)	YNU
MED		WHILE VORK	21e. PLACE (OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that XX-XX-XXX-XX above, (I) (we					5 , 19 6 nd that in (my) (our) apin		o January occurred on the do		, 19_ 83_x) ur and from the	XXXXXX couses stated
	226 SIGNATURE	elina	Hen	anda		ATTENDING PHYSICIAN 276. ADDRESS	G _ MEI	DICAL STAF	F	22c. DATE	
		,,,,,,		- /	/						

AVELINA HERNANDEZ, M.D. 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

VA Medical Center, Perry Point, Md.

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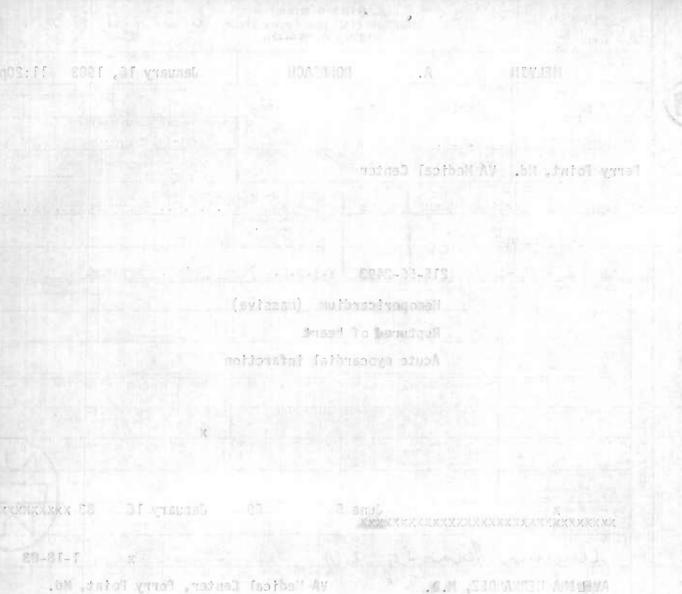
23d LOCATION
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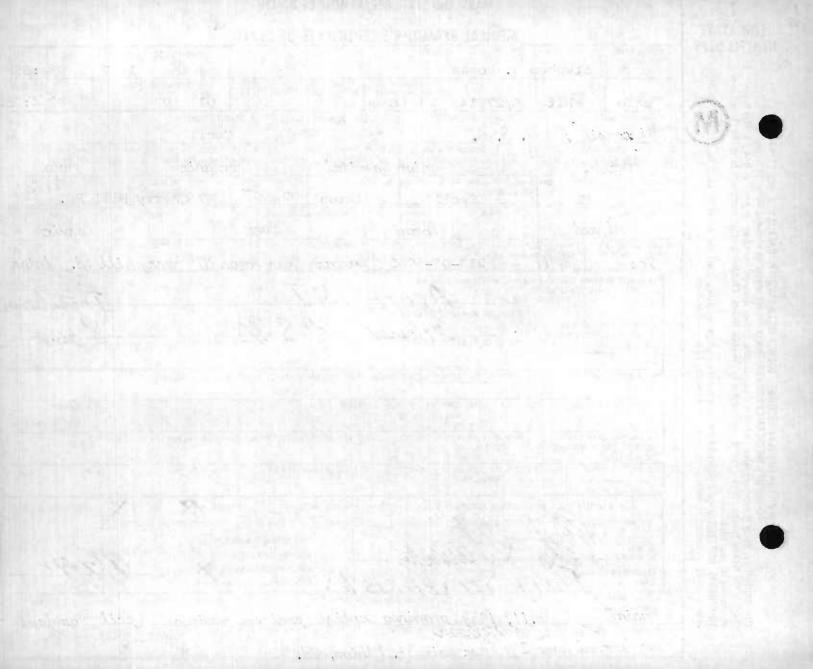


January 16, 1983 11:20nu

27-27-7

ACCURAGE STREET STREET STREET Lee A. Cattayeon & Son. Penroville, Mc.

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HEALTH					M	EDICAL	EXAN	AINER'S	CERTIFICA	TE OF D	EATH						
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es 1, may	ealth	3. 5	EX	4. RACE	S. DATE	OF BIRTH	Fra.	6. AGE (In yes	IF UNDER 1 Y		R 24 HRS	2c. DATE PR		DEAD	1		2d HOUR
Pag e 5			male	Whi	te 8/	27/14		4 -	RS. MONTHS D	AYS HOURS	MIN	Month	07	Day	Yeo	or 19 83	4:35
Give Page 3. Page 5		70.	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN	OF WHAT CO	UNTRY?		MARRIED NEVE	R MARRIED	9. COU	NTY OF DEA	TH				
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rith vith ng	\$ 5 E	0	dmission) STATE	MD	13b. CO	JNTY Ce	cil	22	Elkton	YES 🗌	NO 🕿	87	Cheri	rv H	ill	Rd.	121
O P ii	£ 400	14.	ATHER'S NAME	First	-	Middle		Last		MAIDEN NAME	First		Mid			Lost	
TIN Pg",	7/	1	AL	fred			R	oman	Sec. L	Me	ry				E	Porvio	h
BALTIMORE e executed wi ending" in pe	dud	16a.	WAS DECEASED EV	ER IN U.S. ARMI				URITY NO.	17. INFORMANT				ADDRESS				
Pe be	- /	()	es, no, ar unknav	(n) Was	give way or dates of	service) 213	-05-	-5985	Barbar	a Jean	Roma	n 87 1	herr	n Hi	11 %	do Es	bton
and and	pages ath.		18. CAUSE OF	DEATH (Enter	anly ane caus	e per line far	(a) (b).	and (c).)		7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	A	PPROXIMATE II	
e sh	burial-transit permit. File pag t within 72 haurs after death		PART I. C	DEATH WAS CAL	ISED BY: DIATE CAUSE (1	PHE	c N	17					BEI	WEEN ONSES A	ND DEATH
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is c.			rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF										0	the	-		
he of	rans 72		last.	Toni Jung too	-)	(c)									0		
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201 TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs s necessary, please execute the certificate, writing the ward "pending" in pencil in Item.1. toge 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm P	thin thin		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)														
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DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMI s necessary, please execute the stor. Page 4 shauld be forwarded	should be used as	CER	21o. EXTERNAL		21b. T	IME OF INJUR	Y Month, D	Day, Year	21c. HOW INJUR	RY OCCURRED (E	nter natur	e of injury in	n Part 1 or	Port 2, It	tem 18.)		
WEF eas	d blu	MEDICAL	PRIMARY O		5 H	OUR A.M. P.M.		19									
7 × 4	al, a	ME	21d. INJURY OC		e. PLACE OF IN	JURY (At hon	ne, farm,	street,	21f. LOCATION S	treet or R.F.D. N	0.	City or	Tawn		Count	Y	State .
ISION DEPUT Cessary Page	m 0		AT WORK A	OT WHILE	foctory, affice	building, etc.)		1.4								
DIVISION TO DEPUT	Page or rem		220.	certify that	I took chord	e of the rei	moins d	escribed ob	ove, held on	Autopsy 🗍	lns	pection 5	7 Inc	uiry 🔯	7. 01	nd in my	opinion
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r deoth 3 to th	S S	230	BURIAL, CREMA	TION, 2	Bb. DATE	-//	23c. NA	AME OF CEMET	RY OR CREMATOR	RY	23d.	LOCATION (C	City or Tow	n)	(County)) (Sto	ote)
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STATE	0		MEDICAL EXAMINE	R'S CERTIFICATE OF	DEATH 8 3 U	1051
WY PT.		DECEASED-NAME First (Type or Print) Willi	Middle	lost Romspert	20. DATE KNOWN Month OF ESTI- DEATH MATED O1	Doy Year 12b. HO 16 1983, 7:4
ge 5 ma	3.5	Male C.	07/20/09	MONTHS DAYS HOUR YRS.	NDER 24 HRS 2c. DATE PRONOUNCED DEAD MIN. 2c. DATE PRONOUNCED DEAD 18 Oy	Year 183 7.45
Page 4 should be tarwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 should be used as a burial-transit permit. File pages 1 and 2 With the State Department emovol, and in any event within 72 haurs after death.	COUR	ntry) Maryland (l. S. A.	8. MARRIED ▼ NEVER MARRIED [WIDOWED □ DIVORCED [
lo Depart	E	CITY OR TOWN OF DEATH Sakton,		ion Hospital du	o. USUAL OCCUPATION (Kind of work done rife most of working life exen if retired.)	12b. KIND OF BUSINESS OF
FEST STATE	0	odmission) STATE Md	d lived, if institution: Residence before 13b. COUNTY Cecil		CITY LIMITS? 13e. STREET AND NUMBER NO 47 Blossom	Lane 21921
270		FATHER'S NAME First William	Middle Lost Romspert	15. MOTHER'S MAIDEN NA Minn	ie	Nyerly
pages 1 and ath.	16o. (Y	WAS DECEASED EVER IN U.S. ARMED FO	DRCES? ar or dates of service) 16b. SOCIAL SECURATION 221-22-8	327 17. INFORMANT Mary H. Rom	spert 47 Blossom Lan	e Elkton, M
shauld be used as a burial-transit permit. File pag ivol, and in any event within 72 haurs after death.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDIT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IONS CONTRIBUTING TO DEATH BUT NOT	/	OR CONDITION GIVEN IN PART 1(0)	
in any eve	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	196. CONDITION FOR WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Year		(Enter nature of injury in Part 1 or Part 2, I	20. AUTOPSY? YES NO tem 18.)
rage 3 snaula b or removol, and		CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PL	P.M. 19 ACE OF INJURY (At home, farm, street, ory, office building, etc.)	21f. LOCATION Street or R.F.D	No. City or Town	County Sto
TO FUNERAL DIRECTOR: Page 3 prior to burial, crematian, or remo		22a. I certify that I tag death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (Type) JUAN	ak charge of the remains describe Natural causes , Accident Sourcelez-Vitale	t, Suicide, Ham CHIEF MEDIM.D. ASSISTANT A	, Inspection , Inquiry circle , Inquiry circle , Undetermined manner CAL EXAMINER	

MARYLAND STATE DEPARTMENT OF HEALTH



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/				STATE OF MARYLAND	ma e g	62 2 1 10 M
7	1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 8 3	0 1 0 5 2
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
# C #	(14	PE OR PRINT)	1/a A.	Salmon	1	11 83 110
Arroy of the state	3. S		14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
600		Fe	11)	MONTH DAY YEAR	07	MONTHS DAYS HOURS MIN.
· im	200	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	7 06 00	9 BALTIMORE CITY OR COUN	TV OF DEATH
	31	COUNTRY	/1 C A	MARRIED NEVER MARRIED	Cec	
8 11 8	les les	Md.	USA	WIDOWED DIVORCED		
1 11 1		CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
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21.		JAL RESIDENCE (IF NURSING HOME STATE 13b. CQ	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	21921
within 24 hours etely filled in by 12 should be file	200	1/1 / /	-11 51/11	OD YES NO NO		Poad
within within d 2 shi	-p 14. E	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
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PHY PHY endii this de bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	ARM EIC) STREET	CITY OR TOWN	COUNTY STATE
DIVISION DING PION OF After the ce os the alth and marked	^	AT WORK AT WORK				
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Spitol SCTOR: CTOR: d for use		sow the deceored alive	on 1/11/83 19_	ond that in (my) (opinion	death occurred on the date and he	our and from the couses stated
or AT birect ched for Dept. or		77h SICHATURE	nat) view the body after death.	DEGREE		22c. DATE SIGNED
- E	- 1	11.1	9	ATTENDING	MEDICAL STAFF	1/12/07
HOSPITAL med by the FUNERAL UID be definite on the Stote ORTANT:		774 PHYSICIAN'S NAME LITE	oney	PHYSICIAN 2	DIRECTOR PHYSICIAN	11140)
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5 5 5 8 8	230	BURIAL, CREMATION, REMOV	AL 735 DATE C 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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H		FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 1	6 5 3		
n.e. v		CEASED NAME	FRST	ALC: UNK	WICHTE		AND THE RESERVE OF THE PARTY OF	3s. DATE OF DEATH	MONTH DAY TE	an riveran		
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123	1			VA MEDICAL CENTER, PE				Retired	WORKING LIFE! INDUS	U.S. Army		
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10	1000	Maryland	Harfo		Aberdee		YES TO NO	63 Ray Av	enue	1001		
121		THER'S NAME	CHICAGO CO	MODIE IAST			15. MOTHER'S MAIDEN NA	LAST				
1 00 h		WAS DECEASED EVER IN		RMED FORCES? 186 SOCIAL SECURITY NO			NO. 17 ENFORMANT ADDRESS Maryland 2100					
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Then please remove corbon upon to bound, cremation, or removin injury, or other traumatic event, in	N	PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF CHRONIC BRAIN SYNDROME Onditions, if any, which gave rise to immediate cause los shorting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								ACT I (a		
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buriol-tronsit per Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICA	USE OF DEATH	216. TIME O HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PA	RT 2)		
ond	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK			OF INJURY TREET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY OR TO		TY STATE		
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NERAL DIRECTOR: be detached for us se State Dept, of He ITANT: If them 21 is		276. SIGNATURE Prem Xal.					DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
should be deto with the State D		PREM LAL, MD.				VA MEDICAL CENTER, PERRY POINT, MD						
- 5 3 3		Burial, cremation, ri (SPECIFY) Burial	EMOVAL	236. DATE 01/20			emetery or crematory ry Memorial	23d. LOCATION CITY OR TOWN Abingdon	Harford	Maryland		
16 50M 4/B2 A 15, 4)	To	UNERAL DIRECTOR NAME UTTING FUNCTION	ral Ho	me, A	berdeen.	Md. 2	1001-3399 JAN	2 4 1983	ohn & a	thill		

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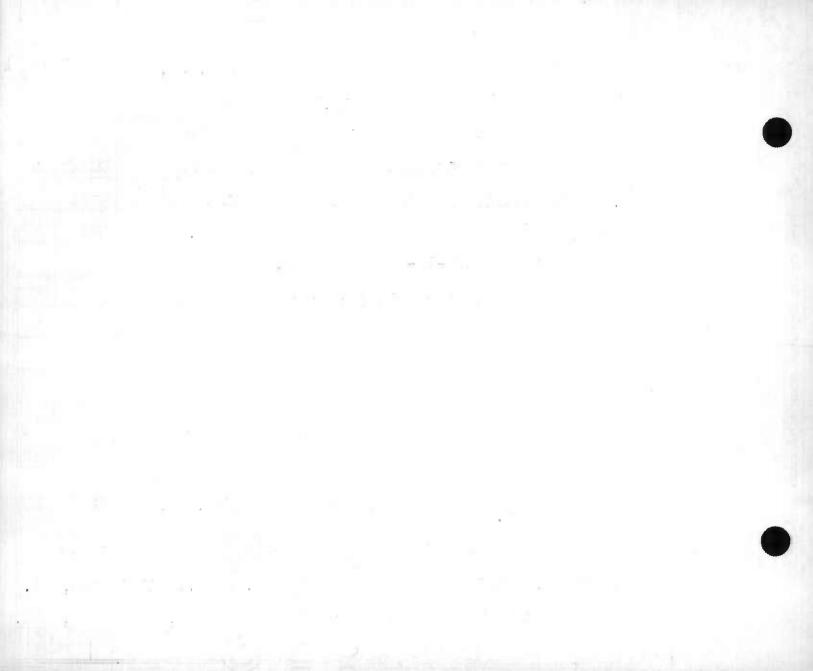
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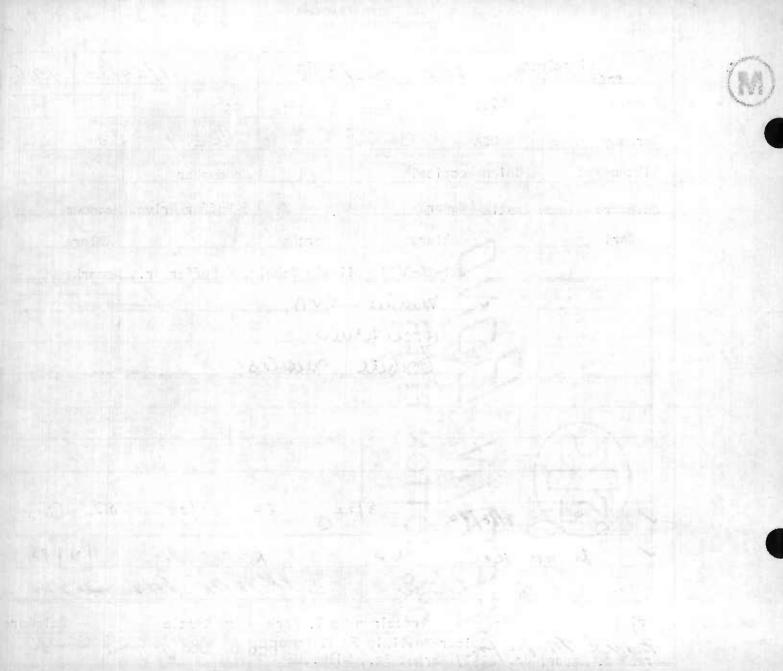
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



Mayer, Jr.



	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH		3 0 EG. NO.	1 6	5	5
		CEASED NAME FIRST E OR PRINT! Mildred	Elizab	eth	See.	ley	20 DATE OF DEA	01 28	83	26 HOUR 6:20	AM
		Female	White		S. DATE (DF BIRTH20 2 902 07 ^{AR}	6. AGE (IN YEARS)		IF UNDER LYEAR	IF UNDER 24	HRS MIN.
6	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE C	CITY OR COUNTY	OF DEATH		MD.
1	E	alkton	Union	Hospital	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC Dietary	MOST OF WORKING LIFE		ital	OR
5	13a 3	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION JUST 19 COLL	13t CHANGE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?		f ^{ES} Locust	Point	Rd. 21	92
0		Claude	H. IDDLE	Stockard		15. MOTHER'S MAIDEN NA	MI	DDLE	LA)	ddy	
1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 428-60-		Patricia S. 7	Thurlow I	O5 Old L	,	21921 Pt. Ra	<i>l</i> .
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	Syonchisal Emphyse NOT RELATED TO THE TERM	As lle	CONDITION GIVE	N IN PART 1	0 '	
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7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	CAIII	m. month da m.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE				
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY OFFICE F.	ARM, ETC.)	STREET	Cit	YORTOWN	COUNTY	STAT	/E
		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did)	0 61191	92 19		nd that in (my) (our) opinion	deoth occurred on	the date and hour	ond from the		,
		22 SHATURE JOINT	iled-10	· Vorler	mil		MEDICAL DIRECTOR P	STAFF HYSICIAN	1/2	8/83	
		JAYANTI	CPAL 1	C PATE	-L mi	123 Sing	erly A	ve 21	Ktor	mi	
		BURIAL, CREMATION, REMOVA (SPECIFY) (remation	23b. DATE	0-10		& Fania	23d COCATION CITY OR TO	NW	Chart	STAT	Pa

Elkton

West

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

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	1.	FOR STATE REGISTRAR		* DE		ICATE OF DEATH	HYGIENE	REG. NO	0 1	65/
)		CEASED NAME OR PRINT)	MONRO Monroe S	E MIDDIE (nr imons, Jr		AST SIMONS, J.		OF DEATH	7, 1983	2b. HOUR 4:10:A
5 7	3 SE	Male		nite	Sept		49	YEARS LAST BIRT	YRS.	AYS HOURS MIN
25 Dia	We	RTHPLACE (MATEORFOR COUNTRY) Virginia	US	EN OF WHAT COU	NITDV2 8	D NEVER MARRIED	Coo	orecity of	R COUNTY OF DEATH Inty	-MI
23	100	rry Point,	No.	Medical	Center	DR OTHER INSTITUTION	TYPE OF WO	COCCUPATION FOR MOST OF	F WORKING LIFE) INDUST	id of business or try Shoe
36	Ma		HOME OR OTHER INS L'COUNTY Larford	TITUTION GIVE RESIDENCE BEIL	21014 ^(155)ON) Air	13d. INSIDE CITY LIMIT YES NO 🕱		ADDRESS Calva	ary Road	21014
130		Monroe	MIDDLE	Simons,		Osie		MIDDLE	Wassu	JAST JIM
2		VAS DECEASED EVER IN LES NO OR UNKNOWN) ES	U.S. ARMED FOR UF YES GIVE WAR OR D OTEA		48 6268	Mrs. Mar VAMC, Pe	y Simons rry Poin	t, Bel	Air, Md.	
ws ony injury, or other t	CERTIFICATION	gove rise to immediate to immediate the cause (a), stating underlying cause PART 2 OTHER SIGNIF	the last. DUE		G TO DEATH BUT	NOT RELATED TO THE	20a AÚ1		206. IF YES, WERE FIN	NDINGS USED
Item 18 shov	-	210. ACCIDENT WAS UNDERF OR CONTRIBUTING _ CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HO	TIME OF INJURY OUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OC	YES CURRED (ENTER N	NO NATURE OF INJUR	YES T	NO X
orked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT H	PLACE OF INJURY	DFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	WN COUNTY	STATE
with the Store Dept. of hebri		220 I certify that (Mth sow the deceased obave, (Mwe) (did 22b. SIGNATURE 224 PHYSICIAN'S NAM JOSEPH J.	alive an view th	e body after death.	_19_ <u>83</u> , a	DEGREE ATTENDIN	AG MEDICAI	STAF	221. DA	, thatXX(we) las the causes stated ATE SIGNED -7-83
w W		BURIAL, CREMATION, RE	MOVAL 23b D	ATE		EMETERY OR CREMATO	ORY 23d LOC	ATION		d Md.
A 1/81 4)		INERAL DIRECTOR HOW NAME MCCOM				1009	JAN 10	registrar 1983	John &	Concell

STATE OF MARYLAND

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	W. C. Perry Point. Sarviand		ATR LIFTHOL
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	bingdon, lid.	I Funeral Mone - A	Noward McCon as II

ADDRESS

ELKTON. MD. 21921

MIDDLE

FOR

- STATE

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

IF UNDER I YEAR

INDUSTRY

2h. HOUR

12b. KIND OF BUSINESS OR

White

21901

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

224. DATE SIGNED

IF UNDER 24 HRS.

21901

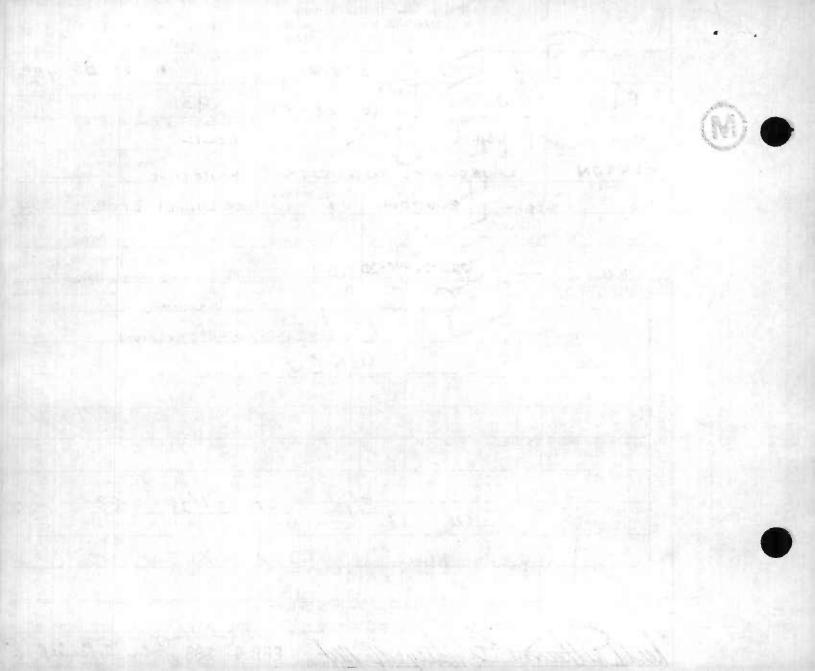
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20. DATE OF DEATH MONTH

JAN 1 8 1983

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+	1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	IENE 8 3	NO.	0 1 6	5 9
deoth	(TYP	CEASED NAME E OR PRINT)	FIRST	Y	M.		STEIN		20. DATE OF DEATH		28 8 3	7 00 M
, ie	3. SE	Female		Whit		S. DATE (YEAR 9	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	HOURS MIN.
1)	12	IRTHPLACE (STATE OR FO		USA		WIDOWE		DRCED [P BALTIMORE CITY CECIL	OR COUNT	Y OF DEATH	MD.
1/0	E	ELKTON		LAUF	HOSPITAL, NURSING HEACILITY, GIVE STREET LEL WOOL	ADDRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEL	OF WORKING	12b. KIND OF INDUSTRY	BUSINESS OR
and	130.	MD	3b. COUNT	Υ	13t CITY OR TOW	/N	4	10 🗌	13e STREET ADDRES	4 900	Drive	21921
OF SOM		ATHER'S NAME FIRST Lewis	Ste		Spring		Mare	garet	MIDDLE		White	
the medica		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		WAR OR DATES)	222-24-	_	Elizabe		31	Wells	s Camp Ro	ad 21901
or to burial, cremation, or rem y injury, or ather traumatic ev	rion	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diote the lost	DUE TO, O	7.6	ENCE OF			Head 7	ulu NDITION GI	VEN IN PART 110	
8 shows ony	CERTIFICATION	190 DATE OF OPERATION	NC	196 COND	ITION FOR WHICH	OPERATIO			200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES O 'ES	GS USED OF DEATH? NO [
or Hem 18 s	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH	216 TIME O HOUR A. P.	M. MONTH D. M.	AY YEAR	21c HOW INJU		ED (ENTER NATURE OF IN	BURY IN ITEM 18	PART 1 OR PART 2)	
is marked	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1)	his hospita	(AT HOME, STE	e deceased from	17	STREET 6	19_8/		8		STATE
TANT: If Item 21		saw the deceased abave, (1) live (die 22b. SIGNATURE 22d PHYSICIAN'S NAA	d)(did not)	18	ofter death		EGREE		MEDICAL ST DIRECTOR PHYS		27c. DATE S	
should be with the IMPORT.	230/1	BURIAL, CREMATION, RE	MOVAL	23h DATE	236.1	NAME OF C	EMETERY OR CRI	EMATORY	23d. LOCATION			
		Burn	1	Jan.31	.1983/G	racel	awn Memo			Castle		
50M 1/81 15, 4)	1	ell all	400	Wast.	Ling	belle	Mond	FE FE	REC'D. BY REGISTRA	Fall REGIS	J. Cou	re Del



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9	am mo
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, postshould be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after dwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
	T e	F 33

		REGISTRAR CEASED NAME FIRST OR PRINT)	WIDDLE	CERTIFICATE OF DEATH	REG. NO 2a DATE OF DEATH N	ONTH DAY YEAR
		yeorge		evenson	January	17. 1983
	3. SE	Male	White	S. DATE OF BIRTH May 16. 1900	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS
0-	7a BI	RTHPLACE ASSISTS OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR	COUNTY OF DEATH
25		Virginia	U. S. A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		ounty
61		Elkton	(IF NOT A SUCH FACILITY, GAE STREET		170 USUAL OCCUPATIO (TYP) OF WORK OF MOST OF	WORKING LIFE) INDUSTRY
35	13a S	TATE , 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 136. CHY OR TOW ELECTRON	'N \$ 138 INSIDE CITY LIMITS?	13e. STREET ADDRESS	St. Elkton
72	4 FA	Hugh Bai	ley Stevenson	15 MOTHER'S MAIDEN N.		Mitchell
	(3	VAS DECEASED EVER IN U.S. A 95 NO OR UNKNOWN) (IF YES, G			ateman 27 Tin	S
		underlying couse lost.	DUE TO, OR AS A GONSEQUE			
و الله المديد مع مع	FICATION			DEATH BUT NOT RELATED TO THE TER.		206 IF YES, WERE FINDIN
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c HOW INJURY OCCUI	20a AUTOPSY? YES NO	206 IF YES, WERE FINDIN
29	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
ked of frem 18 shows any injury, or off	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCUI 19 211 LOCATION	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES
		PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK 22a. I certify that (1) (this has sow the deceased alive of the contribution)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c HOW INJURY OCCUI 19 211 LOCATION STREET 2, and that in (my) (our) opinion DEGREE ATTENDING	20a AUTOPSY? YES NOT	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES IN ITEM 18 PART 1 OR PART 2) N COUNTY 2 19 3 the part 1 or part 2 the part 2 the part 2 the part 2 the part 3 the part 4 t
7		PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify Into (1) (this hose sow the deceased alive on obove, (1) (twe) (did) (did in obove, (1)) (did in	21b. TIME OF INJURY HOUR A.M. MONTH DATE 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F 101) view the body ofter death. OR PRINT)	OPERATION WAS PERFORMED 21c HOW INJURY OCCUI 19 21l LOCATION STREET 2, and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY? YES NO RRED (ENTER NATURE OF NURY CITY OR TOW	70b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2) N COUNTY 2 19 3 1 e and hour and from the county

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ELETON, MD. 21921

for FUNERALS

(VRA 15, 4) 7/7B

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or ottending physician.

70.	Female BIRTHPLACE (STATE OR I COUNTRY) COUNTRY CITY OR TOWN OF DEA	,	ACE White		S. DATE C	Walls DE BIRTH		REG. I DATE OF DEATH January	MONTH 198	DAY YEAR	26 HOUR
900 P P 10	Female BIRTHPLACE (STATEORY COUNTRY) CITY OR TOWN OF DEA	FOREIGN 7b. C	White			E BIRTH		0	/ / /		11:0
358	arleville,	84.1	ITIZENI OF WHAT		July	12, DAY 1911 YEAR		GE (IN YEARS LAST B	PRINTERS YRS	IF UNDER 1 YEAR	IF UNDER 2
10/	C		U.S.A.	COUNTRY?	WIDOWE			Lec (ec		OF DEATH	
[] []	Elkton		Union Ho	spita	ODRESS)	DR OTHER INSTITUTION		USUAL OCCUPA FOR WORK FOR MOST JENERAL			of BUSINES
144	STATE ML.	13b COUNTY ec		ELECTOR		13d INSIDE CITY LIMIT YES X NO [TREET ADDRESS	ingswo	rth Man	NOR
0.70	Robert	MIDDI	€	Craig		15. MOTHER'S MAIDEI	NNAME	WIDDLE		GAS	ieen
l 6a	WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAI		3-05-46		Roberta L.	Wall	172 Ho.		Elkton worth M	
8 shows ony injury, or other froi	Canditions, if any, gave rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	nediate lig the last		BUTING TO DI	EATH BUT	NOT RELATED TO THE		DISEASE OR COP	206. IF YES	EN IN PART I C	NGS USED
Shows	210. ACCIDENT WAS UNE	DERLYING	216. TIME OF INJU	RY		21c. HOW INJURY OC		ES NO B	YE	s 🗌	NO [
d or Item 18		CAL EXAMINER)	HOUR A.M. M P.M.		Y YEAR			ENTER HATCHE OF THE			
orked or	21d. INJURY OCCUR!	IILE []	21e PLACE OF INJ (AT HOME, STREET, FAC		RM, ETC }	211 LOCATION STREET		CITY OR T	OWN	COUNTY	51,
: If Hem 21 is m	220. I certify that (I) sow the decease abave, (I) (we) (c 22b. SIGNATURE)	ed alive an	withe body after d	10 8		d that in (my) (aur) api DEGREE	NG ME	accurred on the	date and hou	and from the	
ORTANI	22d. PHYSICIAN'S NA			Maria .		22e ADDRESS					
A P	a BURIAL CREMATION.		ng, Mal	23c N	AME OF C	200 Bow		d LOCATION	on, Md.)	
	(SPECIFY) Burial	_	4-83			emetery 1250		Elkto	20	Cecid	· Abk

DHMH - 16 50M 1/B1 (VRA 15, 4)

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3	FOR 1 - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	0 1 6 6 4
	I. DECEASED NAME FIRST	MIDDLE	LAST LAST	REG. NO. 20. DATE OF DEATH MON	ATH DAY YEAR 26 HOUR
(M)	3. SEX	14. RACE	S DATE OF BIRTH MONTH DAY YEAR O 7 30 98	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
However do	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Delaware	76 CITIZEN OF WHAT COU		9 BALTIMORE CITY OR CO	
Of the track	EIKTON, MD.	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIV	JURSING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	RKING LIFE) 12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within hamm ysicion and completely lilled in by pers. Pages 1 and 2 should the vol. it, the medical examiner man be not the medical examiner.	USUAL RESIDENCE (# NURSING HO. 130 STATE NEW NORTH NOR	UNTY 13t. CITY O	E BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMITS?		99999
E, MARYLI	14 FATHER'S NAME FIRST Albert Th	MIDDLE LA	15. MOTHER'S MAIDEN N FIRST Mary	Ross	LAST
be execution on ond control on ond c	160 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES, (COVE WAR OR DATES	132-1877 Sylvia Wa	of ther box 72	Bear Del.
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon p uriol, cremotion, or remo	PART I. DEATH WAS CAU #140 Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	sequence of Jack	luce -	BETWEEN ONSET AND DEATH DO GIVEN IN PART 110
TAL RECOI	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20I YES NO X	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ION OF VII HYSICIAN: anding physicians bis certifical bis certific	OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE		19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN	COUNTY STATE
DIVIS OR ATTENDING P s hospital or other short of the of	22a.1 certify that (1) (this has sow the deceased alive a	pital) attended the deceased on 125733		n death occurred on the date of	nd hour and from the causes stated 120. DATE SIGNED
HOSPITAL of the FUNERAL I but the Stote E	JAYAUT 22d PHYSICIAN'S NAME (IVA) JAYAN TI	CHERTITE IL PA	ATECMI 123 SIM	DIRECTOR PHYSICIAN	1/25/00
20 CGBPC	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 1/31/83	23c. NAME OF CEMETERY OR CREMATOR'S ilverbrook Cem.	23d LOCATION CITY OF TOWN Wilmingto	on, New Castle, De
DHMH - 16 50M 1/81 (VRA 15, 4)	24 EUNERAL DIRECTOR	as Moore	250 D	AN 3 1 1983	REGISTRAR'S SIGNATURE COLUMN

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

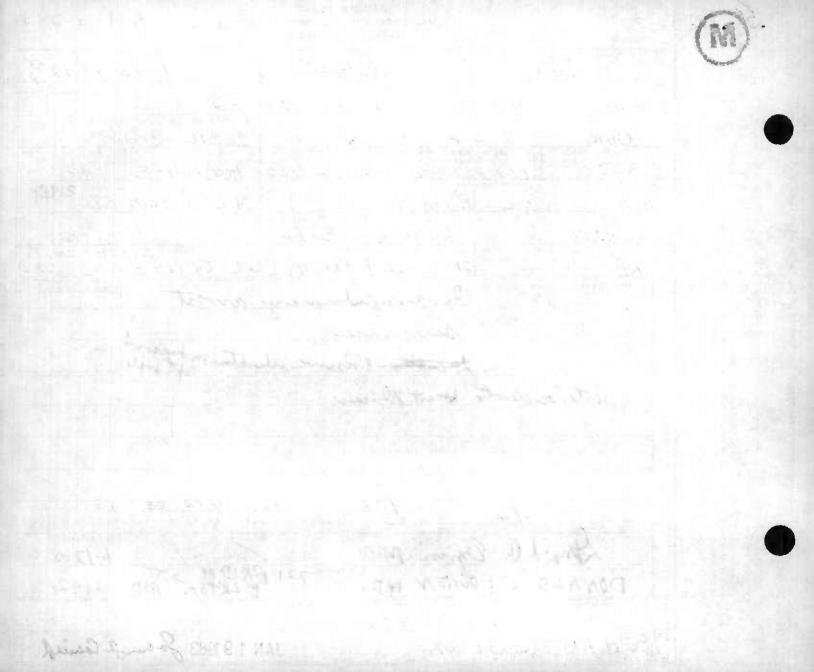
		REGISTRAR		CERTIFICATE O	FDEATH	REG. NO			
		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
1	TITLE	EHA	F.	WAREh	eim		1 12	83	12 55 AM
	3. SE	x ,	4. RACE .	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	1	emale	WHITE	MONTH DAY		82	YRS.	HS DAYS	HOURS MIN.
2		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVE	PALABBIED [BALTIMORE CITY O		DEATH	
4		0410	U.S. A.	WIDOWED X	DIVORCED	CECIL	COM	STV	MD.
	10. CI	TY OR TOWN OF DEATH		JRSING HOME OR OTHER I	NSTITUTION 1	12a USUAL OCCUPATI			F BUSINESS OR
0	8	IKTON	I AURPL WOO	D NURSING	- CPNTX	HOUSEW	F WORKING LIFE) II	DUSTRY	IA
1		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		BEFORE ADMISSION)	E CITY LIMITS?	3e STREET ADDRESS			21901
9		mD cec	OIL North	EAST YES [NO 🕅	J4 OLD	ELM	RD	cripl
3.	4 FA	THER'S NAME	MIDDLE LAS	15. MOTH	R'S MAIDEN NAM				
0		4):11:Am	KA	IINER E	mmA	WIDDIE		C-T	OUT
			MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFOR	MANT	ADDRE	SS NOR	TH	EAST,
		N/)	19-3	0-6609 201	eothy (1/2	ark 24 C	ND ELM	RA	mo
ſ		18 CAUSE OF DEATH (Enter on	ily one couse per ling (a), (b	yand (c)			7,471.6	APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:	discoulin	maner	arrest			
		7071	DUE TO, OR AS A CONS	SOUTH OF A	0	20	Market I		
4		Conditions, if any, which	DUE TO, OR AS A LONS	ence of					
		gave rise to immediate couse (a), stating the	Course on a const			- 1	na co		
		underlying couse lost	DUE TO, OR AS A CONS	Fress	me ule	waterie m	1 mble		
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE OR CON	UTION GIVEN II	J DADT 1:	
	NO	arterion	elevetis Hes	+ Klinne	ED TO THE TEXAMIN	THE PIDENCE ON CONST	J11011 011 E11 II	TAKI IIC	
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
7	F.					YES NOT	IN CERTIFYING	CAUSES	OF DEATH?
Ħ	SERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW	INJURY OCCURRE	D (ENTER NATURE OF INJUR		OR PART 21	140
3		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
/1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19 211 LOCA	TION				
9	¥.	WHILE NOT WHILE O	(AT HOME STREET FACTORY, OF		EET	CITY OR TO	AN	COUNTY	STATE
		AT WORK AT WORK	anti netangkal aka dan dan da	1/73	· 50	1/12	·	93	
		22a.1 certify that (I) (this haspit saw the deceased alive an		m2 12	y) (pur) opinion de	oth occurred on the do	te and hour and		that (I) (we) last
		saw the deceased alive an above, (I) (we)did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE	,,, (00), 00, 00				
		An. L	(1) 9 h	MID,	ATTENDING	MEDICAL _ STAF	F	22c. DATE :	SIGNED 7 -
+		22d. PHYSICIAN'S NAME (TYPE O	R PPINT)	22e. ADDF		DIRECTOR PHYSIC	IAN [1-11	60
11		DANALD	C. EDG-REI		721 13	VINOT S	HID	21	921
		ערווועע				ZLKTON)	M(D)	41	14
	30 B	URIAL, CREMATION, REMOVAL		234 NAME OF CEMETERY O	R CREMATORY	23d. LOCATION		YIN	STATE
		Burial	Jan. 15, 1983	Parkwood Co	motony	Baltimore		more	Marvla

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

Perryville, Maryland

JAN 1 9 1983



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral arrest should be detached for use as the bunol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical exemir

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DE	ATH		REG.	NO.			
	I DECEASED NAME	FIRST	A	AIDDLE		AST		2a. DATE OF			DAY YEAR	26 HOUR	200
		GRACE		Ι.	W	ILES		Janua	ry	5, 19	983	a.,	V
	3 SEX	4	I. RACE		S. DATE C		WE AD	6. AGE (INYE	ARS LAST I	BIRTHDAY)	IF UNDER I YEA		
	Female		White	9	March	26, 19	16 YE AR	9	66	YRS		S HOURS MIN.	
1	To. BIRTHPLACE (STATEORE	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?		DT NEVER MA	ARRIED	9 BALTIMO	RE CITY	OR COUN	TY OF DEATH		-
	Pennsylvania		USA		WIDOWE	DIV	DRCED X		Cec	il		M	D
5	10. CITY OR TOWN OF DEA		13 St	OSPITAL, NURSING FACILITY, GIVE STREET MIChael	S Cou		NOITU	120 USUAL C		OF WORKING		OF BUSINESS OR	1
5	Maryland	13b COUNT Ceci	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton		13d. INSIDE CIT	Y LIMITS?	13e. STREET A			ls Court	t, 21921	
Ü	14 FATHER'S NAME FIRST Henry		HODLE	Hollada		15 MOTHER'S	MAIDEN NA/ Stie	ME	WIDDLE			LAST .ee	
	160 WAS DECEASED EVER (YES NO OR UNKNOWN)		NED FORCES?	166 SOCIAL SECU 211-12-5		17 INFORMAN		S. Smit		^{RESS} Elkto	n, Md.	21921	
	Conditions, if only, gove rise to imm cause 101, statim underlying couse PART 2 OTHER SIGN	which mediate g the lost	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ence of)		M CEL		NOITION (GIVEN IN PART	lio	_
>	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	PSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES []	DINGS USED ES OF DEATH?	
1	OR CONTRIBUTING C	AUSE OF DEAT	P.A	A. MONTH DA	YEAR 19						8 PART I OR PART 2)		
	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION			CITY OR T	OWN	COUNTY	STATE	
	270-1 certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATURE	d alive an_	12/17/	19	82, on	d that in (my) (a		-		date and h	22c. DAT	that (I) (we) last ne couses stated TE SIGNED	-
	22d PHYSICIAN'S NA	AF LIVE CO	PRINT	mer		220 ADDRESS	YSICIAN Z	MEDICAL DIRECTOR	PHYS	ICIAN [1-	3-03	
			Patel,	M.D.			Medi	cal Blo	ig.	Stant	on, Del	. 19804	
	230. BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CR	EMATORY	23d LOCA					=
	Burial		1-7-83	Im	macul	ate Cond	entin	n Cemel	RTOWN	. Che	rry Hil	1. Md TATE	

FUNERALS, ELKTON, MD. 21921

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the hospital or attending physician

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	morandP . elle fe					M. N. Ha	l so.
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		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		1 6	6 /	
-		CEASED NAME	John John	nn GRAF WILLHAUCK			January 8, 1983 6:45				
1)	3. SE		4 RACE	4 RACE 5. DATE OF		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
13		MALE IRTHPLACE STATE OF PO COUNTRY) MARY LAND		WHITE F WHAT COUNTRY? U.S.A.	WIDOW		9 BALTIMORE CITY O	R COUNTY O	F DEATH	MD	
3	0	PERRY POIN AL RESIDENCE (IF NURSI	T VA Med	ical Cente	ADDRESS)	DR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O POSTAL WOI	F WORKING LIFE)	INDUSTRY	GOV'T	
100	13n. S	STATE MARYLAND ATHER'S NAME	BALTIMORE	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 817 WARWI	CK ROAD	, 212	29	
		LOUIS	C. N.U.S. ARMED FORCES	WILLHAU		ANNA 17 INFORMANT	MAGDALENE ADDRESS		ALBIKER		
medic		YES NO OR UNKNOWN) YES	(IF YES, GIVE WAR OR DATES)	GIVE WAR OR DATES)					CK ROAD, 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ws ony injury, or other troumo	CERTIFICATION	IN CERTIFY!							VERE FINDIN		
d or frem 18 sfe	MEDICAL CERT	21a. ACCIDENT WAS UNDION OR CONTRIBUTING CC CIFEITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH ALEXAMINER) HOUR 21e. PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE FA	19	211 LOCATION STREET		12.00	1 OR PART 2)	STATE	
Item 21 is morked	A		this hospital) attended d alive on Janual d) (did not) view the book	the deceosed from_	May 33	21 , 19 81 and that in (my) (our) opinion of DEGREE	toanual	7	nd from the o		
MPORTANT: # the		224 PHYSICIAN'S NA	ME (IVPEORPRINT) G A. COHEN	MD	n	ATTENDING PHYSICIAN 220 ADDRESS VAMC, Perry		IAN	1/8,	/83	
<u>≦</u>	(BURIAL, CREMATION, F BURIAL UNERAL DIRECTOR Hubbard Fu		11-83 CR	ROWNS	EMETERY OR CREMATORY /ILLE VETERANS MD 25m DAT	23d LOCATION CITY OR TOWN CROWNS VI REC'D BY REGISTRAR 1 2 1983	ILLE A	OUNTY A. M	MARYLAND URE	

should be detoched for use os the buriol-tronsit permit. Then pleose remove corb with the Stote Dept. of Health and Mental Hygiene prior to buriol, cremation, or

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

	Coursey B, 1933	DEMPHRIM I AN	John	
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<	iden eine zue aufget Seden	21609-2092	201	
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C.	d vannent b	May 33	17 St.	
1/8/83				
	C Perry Point, ID	NAV III O	PHIO A. COMES	YHE

	1		STATE OF MARYLAND	
M	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 6 8
A	1 -	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	I DE	CEASED NAME FIRST	KEO. IVO.	
		OR PRINT)	TO DATE KNOWN MONTH	DAY YEAR 26. HOUR
黑黑的 \$2 年		// lan le	y Ray Workman Jr DEATH MATED X 1	1 1983
한문토요표	3. SEX	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 2d HOUR
In the Fire	1	121- 1411	MONTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN PRONOLINCED	
I EMPE E		Tale White	6 30 36 46 YRS. DEAD	2 1983 200 8
10 5 1 177		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
日本の音楽して	10		U. SA WIDOWED DIVORCED DI CFCI/	V-PORTS (SECTION)
Z = 0 3 -	in C	OHIO IY OR TOWN OF DEATH		MD 12b. KIND OF BUSINESS
PAGE FILED.	1	TOK TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
A D A H W	10	AT DEPOSIT	14 willow DR. RET. NAVI CHIEF	NAUN
21201 2, AND 310 2, AND 310 3, RETAIN P 5, HOULD BE 1, RECORDS, 7			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
S SEEDS	13e. S			21704
ANN RECORD		Md. CE	(1) FURT DUPOSIT YES NO X 14 WILLOW DR	
D.2	14. F/	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
DEATH DEATH OF ST OF ST	1	LANIEL RA		thoi d
MORE, PAGE FORM SISTAN OF	Ián V	AS DECEASED EVER IN U.S. AR		MAN
N P P P	(Y	5, NO, OR UNKNOWN) 1 (IF YES, GIVE	WAR OR DATES)	
BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY STITING THE WORD "PENDING". IN PENCIL IN TEA, 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RET. E. 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E. DEPARTMENT OF HEALTH AND MATVAL HYGIENE, DIVISION OF WITH RECC		VES. 1953	-1981 279-32-1528 LADENA WORKMAN (S	AME)
BA B. G. WIT WIT DIVI		18. CAUSE OF DEATH (Enter on	ly ane cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
ON ST., 24 HOL ITEM 1B LONG V PERMIT		PART I DEATH WAS CAUSE	BY: Acute myseredial infarction	BETWEEN ONSET AND DEATH
ON ST.		L4 10 MMEDIA	E CAUSE (o)	
HIN 2 IN IT IN IT		1100	DUE TO, OR AS A CONSEQUENCE OF	
N S S S S S S S S S S S S S S S S S S S		Conditions, if ony, which gove rise to immediate	(Coronary atherosulevosis	
W. PRE	100	cause (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
UTED N PE EXA SIAL-		lying cause last.		No. of the last of
DS, 301 W. PREST EXECUTED WITHIN IG" IN PROCIL IN CAL EXAMINER A RURAL-TRANSIT A BURAL-TRANSIT ON, OR REMOVAI			(c)	
EXE NG'NG' TOTA		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ULD BE EXECUTEDS, 3 ULD BE EXECUTED BE WEDING "PENDING" WHEALTH AND CREMATION,	Z	Chronic,	alcoholism	
REA REA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TALRE CHIEF OF HE OF HE	2			
OF VIT. OF VIT. THE CHILD BE UND SENT OF VIT. OF VIT.	E			YES NO
BEN HOLEN	18	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	T 2)
Z SHOOKS		UNDERLYING OR CONTRIBUTING CAUSE OF		
DIVISION OF VI S CERTIFICATE SI RITING THE WO RDED TO THE C RE 3 SHOULD BE E DEPARTMENT I PRIOR TO BURIA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVIS HIS CER WRITIN WRITIN ARDED GE 3 S VTE DEF	X X	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
DI E. THIS RWARD PAGE STATE		AT WORK AT WORK		
E: THIS RWAR RWAR PAGI	1	22-1 25 1 -1- 1 1	e of the remains described above, held an Autopsy 🔲, Inspection 📈, Inquiry 🔲, and in my ap-	US
NO THE NO.	6	220. I certify that floak charg	e of the remoins described obove, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔲, ond in my opi	nion
AN HAT		death resulted fram: Notu	ral couses , Accident , Suicide , Homicide , Undetermined monner ,	
KAAI LD NITRE	100	Burn of Programme (18)	TITLE (SPECIFY)	
MAN WAN		ACTUAL SIGNATURE	DATE	1-2-83
SH RATE		SIGNATURE	M.D. MEDICAL EXAMINER SIGNEI	
A O O O		EXAMINER'S NAME T	(Grand with and Union the tal Elyt	m) 91091
TO MEDICAL EXAMINER: THIS INTERCORD THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE BALTIMORE, MARYLAND, 21201 P		(TYPE OR PRINT)	1 C Gonzalez-Vitale Maderess Union Hospital Elkton	1119 21721
PAGE PAGE BAFI	23a. B	JRIAL, CREMATION, REMOVAL T	36. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUN	TY STATE
BP		BURIAL	1-7-83 MEMORIAL BURIAL PARK. WHEE TERSBURGH S.	cido. OHIO
	24. F	INERAL DIRECTOR	250. DATEREC'D. BY REGISTRAR 25 GISTRAR'S SI	GNATURE
DHMH - 17 (VR A15 ME (5))		NAME	ADDRESS JAN 4 1983 John 9	1 . A .
15M 7/77	LR	T. FOARD F.	INERAL HOME RISINGSUM MAL JAIN 2 1903 John J.	· Chrel

	(TYPE	OR PRINT)	OHN J. Zober	H Z	OBER	January 3	, 1983	YEAR 25	6:30
)	3.58	Male	4. RACE White	5. DATE OF BIR Feb. 8,	TH 1911 YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UN		UNDER 74
15	Cor	RTHPLACE (STATE OR FOREIGN TOWN IRV)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW!		NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Cecil County			
23	Perry Point		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL OF HO		HER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST MECH. Engr. US		US-gov	of Business Ry govt.Re
25	Ma	Tryland Ha	ritord 13c. 21009 WABINGOO	n 13d. I	□ NO 🛣	13e. STREET ADDRESS 807 Long 1	Bar Harb		ad
20	2	THER'S NAME Valerian	Zober		Helen	WIDDLE		iewicz	Z
2		ES, NO OR UNKNOWN) (IF YES GIV	rmed forces? 166 Social Security No. 167 Social Security No. 166 Social Security No. 166 Social Security No. 167 Social Securi						
As ony injury	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO I			20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS CAUSES OF	DEATH
2		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	HOW INJURY OCCURR	YES NO 3	YES		ио 🏝
10 pe	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		LOCATION STREET	CITY OR TO	wn (COUNTY	51/
ě.		220.1 certify that (this hospi	tal) attended the deceased from 19 Kview the body after death.	83 , and tha		, to1 death accurred an the do		83, tha	
21 to more			276. SIGNATURE BOND BOND MD			MEDICAL STAF		22c. DATE SIC	
VI. If them 21 is mostly		226. SIGNATURE	Bondon m	D	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN	1-3-8	0.0
APORTANT: If hem 21 is most					PHYSICIAN _	Point, Mar	IAN	1-3-	0.3

STATE OF MARYLAND

rodo: L miol S died Litt, L vaminet -- Oss no 2557 vall, Joney Point, Maryland, Cancer of binader with metaeratic discase 1-72 3 17- 22 1 3- 13 2 EBERT WITH THE PROPERTY OF THE PARTY OF THE landynds (which warms they G. P , HOGOED HATBOL Hesomorphone In the Later Conf. 1944 South 1944 Steel John Johnson